



Form 470
1984

CAN DATE AND OFFICEHOLDER CAMPAIGN STATEMENT – SHORT FORM

(Government Code Section 84205)

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For use by candidates if less than \$500 has been raised or spent or will be raised or spent by or on behalf of the candidate; and by officeholders if less than \$500 has been raised or spent or will be raised or spent by or on behalf of the officeholder during the calendar year.

A OFFICIAL USE ONLY

(Type or Print in Ink)

Statement covers period from 1/1/84 through 6/30/84

NAME OF CANDIDATE OR OFFICEHOLDER:

Evelyn M. Olson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):

City Council Member

| RESIDENTIAL ADDRESS: NO. AND STREET | CITY | STATE | ZIP CODE | AREA CODE | PHONE NUMBER |
|-------------------------------------|------|-------|----------|-----------|--------------|
|-------------------------------------|------|-------|----------|-----------|--------------|

| | | | | | |
|------------------|------|----|-------|-------|----------|
| 836 Greenwood Dr | Lodi | CA | 95240 | (209) | 334-6041 |
|------------------|------|----|-------|-------|----------|

| BUSINESS ADDRESS: NO. AND STREET | CITY | STATE | ZIP CODE | AREA CODE | PHONE NUMBER |
|----------------------------------|------|-------|----------|-----------|--------------|
|----------------------------------|------|-------|----------|-----------|--------------|

| | | | | | |
|--------------------|------|----|-------|-------|----------|
| 730 W. Lodi Avenue | Lodi | CA | 95240 | (209) | 369-8441 |
|--------------------|------|----|-------|-------|----------|

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

Off Year Filing

LIST ALL COMMITTEES WHICH YOU CONTROL OR OF WHICH YOU HAVE KNOWLEDGE WHICH ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | TREASURER | CONTROLLED COMMITTEE* | |
|-----------------------------------|----------------------|-----------|-----------------------|----|
| | | | YES | NO |
| | | | | |
| | | | | |
| | | | | |
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* A controlled committee is one which is controlled directly or indirectly by you or which acts jointly with you or one of your controlled committees in connection with the making of expenditures. You control a committee if you, your agent or any other committee you control has significant influence on the actions or decisions of the committee.

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge less than \$500 has been received or expended or will be received or expended on behalf of or in support of my candidacy, by myself or by any person or committee of which I have knowledge.

Executed on May 25, 1984 at Lodi, CA
(DATE) (CITY AND STATE)

by Evelyn M. Olson
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)